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THE  
AMERICAN PRACTITIONER:

A MONTHLY JOURNAL OF

MEDICINE AND SURGERY.

EDITED BY

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## THE AMERICAN PRACTITIONER:

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## MEDICINE AND SURGERY.

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# THE AMERICAN PRACTITIONER.

JULY, 1875.

Certainly it is excellent discipline for an author to feel that he must say all he has to say in the fewest possible words, or his reader is sure to skip them; and in the plainest possible words, or his reader will certainly misunderstand them. Generally, also, a downright fact may be told in a plain way; and we want downright facts at present more than any thing else.—RUSKIN.

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## Original Communications.

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### A MEMOIR OF THE LIFE AND WRITINGS OF DR. JOHN ESTEN COOKE.\*

BY LUNSFORD P. YANDELL, M. D.

A physician whose fame as a writer and practitioner long filled Kentucky was Dr. John E. Cooke, who succeeded, in 1827, to the chair of Theory and Practice of Medicine in Transylvania University on the retirement of Dr. Drake. Before coming to Kentucky Dr. Cooke had acquired in Virginia a high reputation as a practitioner of medicine, and had made himself favorably known to the profession as a writer by a remarkable essay on autumnal fever, published in the Medical Recorder for 1824. This paper attracted much attention by the boldness of the practice recommended in fever, and by the clearness with which the author pointed out the different effects of cathartic medicines. It contained the germ of the more elaborate work, the first volume of which followed it in a few years, his "Treatise of Pathology

\* From a Report on the Medical Literature of Kentucky read before the State Medical Society, May 7, 1875.

and Therapeutics," which gave him a place among the great medical thinkers of his times.

The accession of Dr. Cooke to the medical department of Transylvania University, then the controlling medical school of the West, forms an era not in the medical history of Kentucky alone, but in the medical history of the Southwest. By Brown and Drake, his predecessors, the theory and practice of medicine had been taught as they are laid down in the books. These teachers were wedded to no system, but selected what seemed to them most judicious and valuable wherever they found it, Brown especially, as has before been remarked, changing his instructions from year to year as he was captivated by successive authors. Cooke came to the school with a theory and a practice of his own. His students, instead of the nosologies and methods of their text-books, were startled by being introduced to a novel pathology under which diseases were to be arranged and treated. All was simplified in his hands. "A number of the intelligent and inquisitive of the class were struck with the novelty of the course pursued, and visited him," he says, "during the winter, and were very urgent to know what doctrine or theory he had in view."

Soon after he removed to Lexington Dr. Cooke published the second volume of his "Treatise." This work—abounding in facts, the result of twenty-five years of study and observation, and written with a clearness and a logical force seldom equaled in books on medicine—has long been out of print, and is now seldom read. It is a remarkable work. In the simplicity and perspicuity of its style, and as a specimen of inductive reasoning, it will compare favorably with any thing to be found in the whole range of medical literature. In these respects it is a model in its way. The theory which it sets forth, though not absolutely new, was original with Dr. Cooke. He framed it, he states in his preface, during his long and solitary rides while pursuing the practice of



physic in Virginia, before he had ever seen the writings of Parry, Armstrong, or James Johnson, who anticipated him in some features of his theory; and he exhibits it with a fullness and a completeness, sustained by an array of facts and a compactness of argument, such as are not to be found in any of these writers. As his book is nearly inaccessible, I will venture to give an outline of his theory and practice, much of it in his own forcible language.

According to this theory, all general disease is an approximation, more or less remote, to death. In death the arteries are diminished, the extremities shriveled, and a great portion of the blood engorged in the right side of the heart and in the great venous cavities of the body. The chill which precedes a fever furnishes an instance of a rapid approach to this state. The pallor, the coldness, the shrunken extremities, the diminished arterial action, present a very ominous counterfeit semblance of death; and unless that condition was changed there would be no counterfeit, but the reality. Fever is the result of the vital force repelling with urgent violence the insidious mischief, the creeping death. Unless the fever supervenes, death must ensue.

The first proposition Dr. Cooke lays down in regard to the phenomena of fever is that the remote causes weaken the action of the heart, cold and miasmata being the chief. Currie demonstrated that cold water rendered the pulse feeble and languid in a man who had been long immersed in it. Miasmata produce a similar effect. It is a matter of common observation that blood drawn from persons who have been exposed to miasms is darker than usual; it is often nearly black even in those who are not ill. Black blood does not stimulate the left ventricle of the heart as the scarlet blood does. It is therefore impelled into the arteries with less force, and accumulates in the vena cava and its great branches. Some of the immediate effects of this accumulation are vertigo, stupor, headache, convulsions; derangement of function in the

liver, stomach, intestines. The accumulation at length gives rise to convulsive agitation of the body, as in ague; the blood is urged vehemently on to the heart, which is excited to more vigorous action by the increased supply of blood, and the hot stage is developed. The difference between remittent and intermittent fevers arises out of difference in the excitability of the heart, which is so much greater in the former that the blood is not allowed to accumulate in such quantity as to produce an ague, as in the latter. All autumnal fevers are but varieties of one disease, and typhus, typhoid, and yellow fevers, plague, cholera, and dysentery are modifications of the same. Dyspepsia, liver-complaints, and many of the diseases peculiar to females depend upon congestion of the vena cava, and are amenable to the same plan of treatment.

This is an outline of his theory. His therapeutics are as simple as his pathology. The great indication is to remove the congestion of the large internal veins, and this is to be effected mainly by cathartics. Occasionally venesection is beneficial; emetics are sometimes useful as evacuates; cold water is very effectual in reducing the action of the heart, and nauseants are also admissible with the same view; but the main reliance is upon evacuating the liver. Calomel stands incomparably first as a cholagogue, and is *the* remedy. It is not a matter of indifference what purgatives are given to aid its action; all are to be avoided that induce watery discharges. The passages must be consistent; in other words, bilious; and, after calomel, the articles most to be relied on for bringing about bilious purging are aloes, rhubarb, jalap, and scammony, which stand in this respect in the order enumerated. The calomel is to be given in sufficient doses, and repeated until the evacuations become natural or the patient is well.

"When it is found necessary to rely on calomel alone, it is to be remembered," he says, "that the patient's life is staked on the issue. Time should not be lost in insignifi-

cant efforts. Every dose fruitlessly administered renders the situation of the patient more alarming, because it is propelling him toward pyalism (the only bar to the administration of this medicine in sufficient quantity to cure every autumnal fever), and thereby cramps the subsequent efforts of the physician through fear of the consequences. I have in these circumstances given with the best effect a drachm of calomel. It produces a copious tenacious or viscid discharge of a deep-green or nearly black color, and affords the most marked relief; in short, it produces the same effect in these desperate cases that a common dose produces in a common case."

All the phenomena of fever depending upon this congestion, whether it be an intermittent, a remittent, or typhus fever, give way as soon as the accumulation of blood in the vena cava is removed by bilious purging; and Dr. Cooke consequently found no place in his pathology for the introduction of tonics. He says, "He who tries the plan of using such cathartics as produce consistent evacuations from the bowels daily until the discharges become natural in color, etc., will be convinced that tonics are utterly unnecessary." In a severe epidemic of intermittent fever in 1823 he "failed in only two cases," in neither of which was the purgative treatment fairly tried; and in subsequent years similar success followed the administration of pills containing calomel, rhubarb, and aloes, of each two grains, given "two hours before the next cold fit was expected." In a single case of great violence he deemed it prudent to give a saturated solution of arsenic with a view to preventing, if possible, another fit; but ordinarily purgatives are greatly to be preferred, as obviating the "enlarged viscera, oedematous swellings, etc., which when bark, quinine, or arsenic is used sometimes remain."

In some cases of fever Dr. Cooke administered a drachm of calomel at a dose, and repeated it until the patient had taken in twenty-four hours as much as two hundred and

forty grains. A young lady was thus treated in 1826. After this quantity had been given she seemed much relieved, but to avert the danger of salivation he thought it prudent to administer jalap and cremor tartar. At night they were thrown up without having produced any purgative effect. "She then took a drachm of calomel, and repeated it until she had taken five doses in the course of the night and morning, with the same fine effect in producing abundant bilious discharges, and with remarkably good effect on the symptoms generally." Still, uneasy about ptyalism, he gave her cremor tartar all day, but at night it was thrown up as before without moving the bowels. "My fears of the consequence of continuing to give the only medicine which offered any prospect of saving her," he adds, "held my hand, and she continued to vomit till death relieved her. I reproached myself on her account afterward, and felt conscious that fear of a remote and uncertain evil had induced me to stand and see her die without doing for her all I might have done. I was convinced she would not have died had the calomel been continued."

He continues: "I have been led to the statement of these extraordinary cases by a *sense of duty*. It had been said 'thousands die of medicable wounds.' Thousands of thousands, I am fully persuaded, die of fevers that might be cured. I have known many perish for want of free bilious discharges whom a small increase of the ordinary quantity of medicine would have saved. If cases so violent as to require drachms of calomel to effect an operation terminate with the same success when that operation is effected, as milder cases, how many people die for want of a proper operation who might be saved by a single drachm!"

During the winter of 1827-8 the medical faculty determined to set on foot a journal of medicine, and accordingly on the 1st of February the first number of the "Transylvania Journal of Medicine and the Associate Sciences" was issued

at Lexington, under the editorial direction of Dr. Cooke and Dr. Short. The papers contributed to the journal by Dr. Cooke during its first years were numerous, and all were of that substantial, practical character for which as a writer he was noted. His accurate scholarship contributed largely to the high literary tone of the journal. His first contribution contains the "Theory of Fever," of which an outline has been given. It is to be found in the first number, and in the same volume\* he has an essay on cholera infantum, its pathology and treatment. He refers this disease to the same cause that excites autumnal fevers, and treats it in a similar way. He combats with unanswerable arguments the notion that the complaint is caused by dentition, summer fruits, worms, cold, heat, or any one of these unaided. That the cause is malaria he shows by a multiplicity of evidence. Calomel is the curative agent. "As soon as consistent past sages are established the copious, thin discharges cease." "So striking is the quieting effect of a dose of calomel that parents have often inquired if there was not opium in the powder. The medicine must be continued daily until the passages become entirely natural in color, consistence, and smell. The diet may be any thing that the child desires and can retain."

In the same volume of this journal Dr. Cooke has an essay on autumnal diseases, in which he goes elaborately into the remote cause, adducing an immense mass of facts in proof of their miasmatic origin. This is one of the most logical papers any where to be found on that subject. If the author has not established the position, no future writer may hope to establish it. He has cited facts from every medical writer who had touched on the subject, and presents them with singular clearness and force.

This essay is followed, in the same journal, by one on "Winter Epidemics," which he traces to the same remote

\* *Transylvania Journal of Medicine, etc., Vol. I., p. 190.*

cause. Persons in a neighborhood where miasmata abound are still under their influence, many on the verge of an attack of fever at the access of cold weather. When winter sets in there is another remote cause of fever in operation, cold, which produces a continuance of the epidemic through the winter months.\* Pneumonia and pleurisy are only additional symptoms intervening in many cases, the real disease being bilious fever. For the ordinary cases the remedies are the same precisely with those proper in the treatment of autumnal fever. Where there are pneumonic symptoms it is necessary in addition to resort to bleeding and blistering.†

The second volume of this journal contains an essay on the "Remote Cause of Typhus Fever, with some Observations respecting its Treatment." Dr. Cooke opposes the theory of its contagiousness, but insists that it arises, like the other fevers, from the decomposition of vegetable matter. "Typhus fever therefore," he says, "is the common autumnal fever or bilious remittent fever of England." Purgatives he holds to be the most effectual remedies in the disease, especially calomel. He would not urge his patients to take food in the progress of the fever.

In the same volume we find from him an essay on *phlegmasia dolens*, and one on the use of purgatives in some of the diseases of women. *Phlegmasia dolens* Dr. Cooke treats by cathartics, as he does menorrhagia, uterine hemorrhage, etc., which he holds are produced by that prevalent venous congestion which is to his mind the source of so much trouble.

The fourth volume of this journal contains an acute and able examination of the theories of fever proposed by Clutterbuck and Broussais. Dr. Cooke succeeds in demonstrating very satisfactorily that one of these philosophers errs as widely as the other in assigning a seat to a disease which has no local origin. He was perfectly successful in demolishing the

\* *Transylvania Journal of Medicine, etc.*, Vol. I., p. 539.    † *Ibid.*, p. 550.

structures which these gifted men reared with so much ingenuity, but, as we shall see, without substituting one of a more durable character.

In the same volume he has a long, candid, and manly reply to some strictures on his "Treatise of Pathology and Therapeutics" by a writer in the *American Journal of the Medical Sciences*. The calmness of tone which marks this paper is remarkable. The writer exhibits the true philosophical temper, unruffled by feeling, and intent only upon the attainment of truth. The reviewer intimates that Dr. Cooke had borrowed without acknowledgment from Parry, Armstrong, and Abercrombie. Dr. Cooke simply replies that he had never heard of these authors when he wrote; certainly had never seen any of them, except Armstrong. The reviewer hints that Dr. Cooke boasted of a new practice. Dr. Cooke replies, "Surely nothing can be more inoffensive than my manner of mentioning a new practice. There is no claim of credit for the novelty of the treatment, but its novelty and extraordinary nature, admitted by the reviewer, is simply mentioned as the reason which induced the writer to put the reader in possession of abundant materials to guide him in his judgment of its propriety." In every respect this reply to his critic is admirable.

The fifth volume contains two of Dr. Cooke's papers; an excellent one on the use of cold water in fevers, and another on spasmodic cholera, of which Dr. Cooke believed he had seen many sporadic cases in Virginia, the disease at that time (1831) having never been seen in an epidemic form in our country.

The succeeding volume contains three important articles from his pen. Some of the diseases incident to a state of pregnancy is the subject of the first. He recommends the use of purgative medicines as mitigating the sufferings (the headache, nausea, vomiting, etc.) of pregnant women; a practice suggested by his theory of congestion, but which, I am



convinced from experience, will often be attended by the best results.

His second article gives an account of cholera as it appeared in Lexington in June, 1833, and is in many respects an extraordinary paper. It records the observations made by Dr. Cooke during the fatal progress of the pestilence in Lexington. He describes with singular clearness the topography of the town and the spread of the epidemic, and gives with faithful minuteness the details of his heroic practice. He labors hard to prove that the epidemic conformed to the laws governing malarious diseases, and, it must be admitted, makes out a strong case. He shows that it broke out in just such weather as is most favorable to the generation of malignant fevers, and that it was most fatal in precisely those localities in which such fevers are most apt to prevail. His argument is as strong as any ever yet produced in favor of the miasmatic origin of cholera.

But the most striking feature in this article is his treatment of cholera. He administered calomel to his patients laboring under the disease with a boldness probably never equaled in the practice of any country. In many cases he gave an ounce of the medicine at a dose, and in some as much as a table-spoonful, or about two ounces, every few hours. William Douglass, a student of theology, nineteen years of age, took a table-spoonful every six hours for three days in succession, having taken the same quantity the evening before; in all thirteen table-spoonfuls. He was in collapse when he took the first dose. On the third morning after beginning this treatment his discharges were found to have become thick and green, and Dr. Cooke thinks he would have recovered but for the indiscretion of his attendant, who had him to walk across a large room from one bed to another more than once. Hiccough came on, the patient became delirious, and died on the sixth day. But another patient recovered about this time under similar treatment, and still lives, I believe, a

useful Episcopal clergyman, and an illustration of the extent to which calomel may be employed in some diseases without injury to health. Mr. Brittan, a young theological student, took a table-spoonful of calomel soon after having had several copious watery discharges. "He was advised to repeat the dose every six hours until the watery discharges ceased. He took that day four and the next three, the discharges not ceasing until some time after the seventh dose had been taken. He took, moreover, three other similar doses during the same time, having thrown up three. The *repeated* doses were given immediately after the regular one was thrown up." Bilious discharges appeared on the evening of the second day, and were kept up by tincture of aloes and occasionally pills of aloes and rhubarb for a week. The patient "was somewhat salivated," but entirely recovered.\* I saw him a number of years afterward in perfect health.

While I am referring to this extraordinary practice it is alike due to the memory of a most conscientious practitioner and to the truth of history to state, as I am able to do from my own personal observation, that Dr. Cooke was not less successful in the treatment of cholera than his medical brethren in Lexington. At the time when the cases referred to were occurring as many as fifty people died of cholera in Lexington in one day. The epidemic, seldom ever more fatal any where, was then at its height in that city.

Following this remarkable paper on cholera, Dr. Cooke has in the same volume of the *Transylvania Journal* an article on the treatment of convalescents, in which he insists with the same earnestness upon the utility of purgatives as restorative medicines, especially after autumnal fevers. In convalescence from these fevers he holds that congestion of the liver, stomach, and bowels requires continual evacuation. There is still some remaining disorder, though the more distressing symptoms are removed. The passages are

\* *Transylvania Journal of Medicine, etc.*, Vol. VI., p. 349.

not yet natural; the bowels are still slow, and the digestion is not yet perfect. "Therefore these parts are still somewhat in the same state, and require the same remedy." \*

In the seventh volume of the same journal he published a long and labored reply to a review of his essay on cholera, written by his colleague, Dr. Caldwell. The only point on which he found it necessary to fortify his positions against his learned critic was the miasmatic origin of cholera. With his energetic method of treating the disease Dr. Caldwell was entirely satisfied; it was in fact his own way.

The eighth volume of the *Transylvania Journal* contains a single short paper by Dr. Cooke, one of the few introductory lectures which he ever published. It is a defense of the medical profession against the charge of infidelity. If the charge were well founded, he declares it would so sink the value of the profession in his estimation "that he would instantly abjure it forever." His argument is in the line of that pursued by Bishop Butler in his famous "Analogy."

"How can it be believed," he argues, "that God, who rules over all, and whose benevolence toward all his creatures, even the meanest in our estimation, is continually before our eyes, can be satisfied with our conduct in so frequently interfering with his benevolent designs by our selfish schemes of aggrandizement, by our corrupt practices in secret, and by our open outrages? And who can suppose that he will be dissatisfied and not attempt to restrain such things; and how restrain them but by laws to prevent them; and how shall they operate unless he informs his intelligent creatures as to what he requires of them? How wise the conclusion then of that wisest of the heathen philosophers, Socrates, that God would certainly reveal his will to man, that man might know how to govern himself with regard to God and his fellow-man?"

He concludes his lecture with the following emphatic words: "I therefore unhesitatingly say; not only that I am

\* *Transylvania Journal of Medicine*, Vol. I., p. 505.

perfectly convinced of the truth of the Christian revelation, from a close and patient examination of its claims on the testimony presented, but that I believe that better testimony could not be offered, could not be devised in support of it; and that no man is left unconvinced who has given the subject a thorough investigation, unless he is kept from it by a state of mind the most deplorable we can conceive; a state of enmity against the God that made him and the Savior who redeemed him, leading him to refuse to come to the light because his deeds are evil."

The last medical paper I can find from the pen of this candid and painstaking writer is one on the good effects of blistering-plasters in local inflammations, which was read before the College of Physicians and Surgeons of Lexington, and published in the ninth volume of the *Transylvania Journal of Medicine*. The efficacy of blistering in such conditions is illustrated by a number of cases. Dr. Cooke lived nearly twenty years after the appearance of this paper, during which he remained a long time a public teacher, but his contributions to the medical press seem to have ceased with its publication in 1836. The third volume, which he proposed to add to the two published of his *Pathology and Therapeutics*, was never written.

Dr. Cooke was the first professor in *Transylvania University* to prepare a systematic work on any branch of medicine. His "*Treatise of Pathology and Therapeutics*" forms two octavo volumes of about five hundred and forty pages each. His essays in the *Transylvania Journal*, together with that on fever in the *Medical Recorder*, would make another volume quite as large. Dr. Caldwell was a far more prolific writer than Dr. Cooke, but his productions were disconnected and fragmentary, and related to every variety of topics, while his colleague seldom departed from medical subjects until he embarked in theology. While in most respects these writers bore but little resemblance to each other, in one particular

they were alike: both had hobbies. Dr. Cooke's hobby was his theory of congestion and the potency of calomel to overcome that morbid condition. Dr. Caldwell's, as we have seen, were many; sympathy, phrenology, the vital principle in opposition to chemical forces in the living body, and mesmerism engaging him by turns. To these they returned continually until their papers grew somewhat monotonous. Vigorous writers both, though of styles widely different, they long bore a principal part in shaping medical opinion in the West.

As a writer Dr. Cooke was especially remarkable for candor and simplicity. No reader could fail to observe the utter absence of effort at effect in all his writings. It must be apparent to all that his aim was to give the truth, and in the fewest words and in the most direct way. No thought of ornamentation appears ever to have entered his mind. He took no care to round his periods or balance his sentences. The use of language with him was to convey his thoughts, to instruct, to convince, not to please. It was his rule to read over carefully what he had written, and draw his pen through every word that added nothing to its clearness or force; and thus he acquired a plain, easy, natural style, the best suited to subjects of a scientific character, and of all others the most acceptable to professional readers.

John Esten Cooke was born in Boston, Mass., on the 2d of March, 1783, while his parents were on a visit to that city. His father, Dr. Stephen Cooke, was a leading physician of Virginia, and served his country as a surgeon during the revolutionary war. While acting in that capacity he was taken prisoner by the British and carried to the island of Bermuda. There he met Miss Catherine Esten, a cultivated young lady of an English family of distinction, to whom he was married during his stay on the island. The match was naturally distasteful to the relatives of the young lady, one of whom, an officer in the English navy, according to a tradi-

tion in Dr. Cooke's family, carried his resentment so far as to cut off his little finger, to show to his kinswoman his displeasure at her marriage to a Yankee rebel. Eight children, six sons and two daughters, were the fruit of the union, which, notwithstanding the opposition to it on the English side, proved to be a happy one. John Esten was the oldest child. One of his brothers, John R. Cooke, rose to eminence as a lawyer in Virginia, and another, St. George Cooke, was long an officer of reputation in the United States army.

Returning with his wife and young son to Bermuda, Dr. Cooke continued to reside on the island until 1791, when he removed to Alexandria, in his native state. After a time he settled in Loudon County, near Leesburg, where he remained until his death, which occurred in March, 1816.

John Esten was carefully educated. He was one of the most accurate English scholars I have ever known. He read Latin with perfect ease, and had considerable knowledge of the Greek and mathematics. He was studious from his boyhood, and his disposition led him to master whatever study he took up. Determining to pursue the profession of his father, he entered early upon the study of medicine; and, after reading some time in his father's office, went to Philadelphia to complete his course. In the University of Pennsylvania, among his fellow-students, were Dudley, Drake, and Richardson, all of whom afterward were associated with him as teachers. He was admitted to the degree of M. D. in the spring of 1805. When the lectures were over, I have heard him say, instead of watching anxiously the progress of the examinations, as candidates are apt to do, he went off to his room and continued his studies until the dean informed him by a note that his turn had come. After receiving his degree he returned to Virginia and settled in Warrenton, Fauquier County. In 1821 he removed to Winchester, at that time the chief town in the great valley of Virginia. His reputation as an energetic practitioner had

preceded him to his new home, and shortly afterward he added to it that of an able medical writer by the essay already referred to on autumnal fever, published in the *Medical Recorder*. His thoughts were now turned seriously to authorship, and in 1827 the first volume of his "*Treatise of Pathology and Therapeutics*" was given to the public. The same year he was elected to the chair of Theory and Practice of Medicine in Transylvania University.

I have spoken of the impression made upon his students and the medical public by his teachings and his practice. He removed with his family to Lexington in 1827, where he continued to reside in connection with the university ten years. They were years of uninterrupted prosperity to its medical department, and Dr. Cooke was among the foremost of its professors. His medical doctrines, while they provoked much and severe criticism in many quarters, were acceptable to his classes. Every year, as successive bodies of graduates left the institution, he had the pleasant assurance that he was sending forth into the world a body of men instructed in a true theory of disease, and qualified to combat it successfully. His surroundings in the elegant and refined society of Lexington were all that he could desire. The quiet, scholarly life he was enabled to lead under the shadow of the university was congenial to his taste. Between his lectures and practice the education of his sons, which he conducted himself, and the ample libraries of the university, his time was fully occupied, and in a way the most pleasant to his contemplative turn of mind.

A short time after settling in Lexington an event occurred which, I have no doubt, if he had been questioned about it, Dr. Cooke would have pointed to as the most important in his life. He had been eighteen years a member of the Methodist Church, which, he says, he selected as being in his judgment "the purest church as to doctrine." His zeal, his exemplary life, his learning, and superior intellect gave him great influ-



ence in the church. But suddenly, in 1829, he made up his mind to leave his Methodist friends and connect himself with the Episcopal Church. No intimation of his purpose had been given, and his friends were startled and many of them not a little offended by the unexpected change. Dr. Cooke felt it incumbent upon him to state the reasons which had induced him to make the change, which he did in a publication made soon after he took the step. The sum of the statement is that, having read a volume of sermons by Dr. Chapman, he became doubtful of the order of the church in which he had been so many years an active member; and that, continuing to read and investigate, his mind was at last brought to the conclusion that "Presbyterian ordination" is unauthorized by scripture, and therefore entirely invalid. In a memoir of Dr. Cooke by his friend, the Rev. Jas. Craik, D. D., the particulars attending his conversion are thus related:

"Dr. Cooke had only subscribed to the volume containing Chapman's sermons as a matter of courtesy to a colleague, Dr. Chapman being one of the professors in Transylvania University. After the book had been sent to his house Dr. Cooke remarked to his family and to some friends, at dinner, 'How strange it was that so intelligent and good a man as Dr. Chapman should entertain and attempt to propagate the narrow-minded notions which he had heard were in his book.' On the following Sunday, between breakfast and church-time, he took this book from the parlor-table, where it had first been placed, and began to read it. By the time the family were ready to go to church he had become intensely interested in the book. He saw that there was a real question raised in it which he was bound to determine. He permitted his family therefore to go alone, while he continued his examination of the argument which was to control his future religious position. The doubt once planted in his mind as to the ministerial authority of those to whose jurisdiction he had heretofore submitted, he could take no rest till the doubt was resolved.

"The library of the university, rich in many old books, and the private libraries of Lexington were diligently ransacked. The examination was begun and prosecuted with all the ardor of a

strong and enthusiastic nature. Only four hours were allowed for sleep; one hour was given to the accustomed lecture to the medical class; the shortest possible time to meals; and all the rest of the twenty-four, with all the concentration of his great powers, devoted to the absorbing inquiry upon which he had entered.

"To relieve the brain from the effects of this intense and unre-mitted application, and to keep his mind in its highest state of free and vigorous action, he several times bled himself during the six weeks of this remarkable investigation. At the end of that time his conviction was complete, and the materials of that conviction, soon afterward embodied into the essay above mentioned, were accumulated and ready for present and future use."

The essay referred to, entitled "The Invalidity of Presbyterian Ordination," was pronounced by Dr. Craik "one of the most powerful and conclusive arguments ever produced upon the question of church-government." It was immediately republished in New York and widely scattered over the country by the Episcopalians. For a time the question of church-polity took complete possession of Dr. Cooke's mind, and on the organization of the Theological Seminary at Lexington, in 1832, he was elected professor of the History and Polity of the Church. He set industriously to work collecting books for the seminary, and in a little while had accumulated one of the best theological libraries in the country, at the same time, as a member of the standing committee of the diocese, devoting his energies to the cause of the church in which all his feelings were now enlisted.

When the project of transferring the medical department of Transylvania University to Louisville first began to be talked of among the professors Dr. Cooke was probably less inclined to the measure than any other member of the faculty. Naturally of a cautious temper, and having a pleasant home and associations in Lexington, he was not disposed at his time of life to make any change which would bring him into new social and professional relations. Moreover, he attached less importance than his colleagues to hospitals

as means of medical instruction, and was not so strongly impressed as most of them were with the disadvantages of Lexington as a site for a school of medicine; but the decisive measure of the trustees in dissolving the faculty brought him, after a long struggle with his convictions, to a resolution to unite his fortunes with the new enterprise at Louisville, and in the spring of 1837 he removed to that city, having been elected professor of the Theory and Practice of Medicine in the Medical Institute.

Here I found him late in the summer, in a house on Sixth Street, waiting for practice and for the opening of the school, which had not yet been fully organized. Three chairs were still vacant at that time. Dr. Cooke was not hopeful of immediate success, and early success was of the greatest importance to him with his expensive family. I was in high spirits when I called to see him, and expressed great confidence as to the early triumph of the institute. Mrs. Cooke, who was present and listened with much apparent interest to the conversation, said, with a sigh, when I was through with what, no doubt, she looked upon as a rhapsody, "I wish I could feel so." "Ah, Lucy," Dr. Cooke replied, "you forget that you are older than the doctor; when he comes to feel the weight of twenty additional years on his shoulders he will not be so sanguine."

The institute proved prosperous, and, though its growth was not so rapid as some of us had expected, in five years it stood foremost in point of numbers of all the transallegany schools. But Dr. Cooke's popularity did not grow with the institution; on the contrary, the current which from the first had set in against his theory and practice grew every year more formidable. From the intelligent body of practitioners in Louisville they met with earnest opposition. He was opposed by the teachings of all the schools of the country, and the books of the period, with singular unanimity, discountenanced his doctrines. His colleagues had never been able to

sanction them; and more than all, Dr. Drake was appointed to the chair of clinical medicine in 1839, and, holding views entirely antagonistic to those of Dr. Cooke, could not fail to weaken the hold he had upon his pupils by setting them forth, however incidentally. Thus assailed on all sides, and from within as well as from without, his theory steadily lost ground, his practice grew more unpopular, and his influence as a teacher visibly declined from the day that he began to lecture in Louisville. In 1843 there began to be open complaints of his teaching in the class. A memorial was addressed to the board of managers by a number of students, setting forth that his doctrines and practice had not kept pace with the progress of medicine. His reply to the memorial contained expressions which were offensive to some members of the faculty, who became urgent that he should resign. In the end an arrangement was made, honorable alike to him and to his colleagues, by which he voluntarily severed his connection with the institute. In consideration of the fact that his teachings were the same that they had been from the beginning of his career as a teacher, however unpopular they had come to be, and that he was discharging his duties to the school with fidelity, the faculty stipulated to pay him two thousand dollars a year for three years from the date of his resignation.

He had purchased a farm in the neighborhood of Louisville, and to this he retired in the spring of 1844. After a few years he exchanged this farm for an unimproved tract of land on the Ohio River, thirty miles above the city, where his restless energies were employed in improving his estate. The quiet of the country was congenial to his philosophic turn of mind, and he had a keen appreciation of the beauties of nature which surrounded him. Here in the bosom of his family, to which he was passionately attached, and with the consolations of religion, he spent the closing years of his life.

The well-known tendency of pneumonia to return where it

has once been set up was strikingly illustrated in Dr. Cooke's case. He had for many years been subject to attacks of the disease. If he stood in the cold until he began to shiver, I have heard him say, he was almost sure to experience an attack. His practice on himself was of the same heroic character that he pursued with his patients. He bled himself at once copiously, and repeated the operation again and again as symptoms appeared to him to demand it, at the same time keeping up purgation by calomel. Exposed as he was on his farm, these attacks became frequent, and his constitution, naturally enfeebled by increasing years, at last gave way under them. He died on the 19th of October, 1853, in the seventy-first year of his age. His last hours were made peaceful by his "firm trust in the mercy of the Savior whom he had loved and served for the greater part of a long life." Dr. Craik, whose words I have just quoted, adds that for many weeks, while on his death-bed, and until within a few hours of his death, the Greek Testament was his constant companion. "All day long," Dr. Craik continues, "and every day, he pored over its sacred pages with critical attention and with devout affection. His mind retained its power and freshness to the last, and to the last he was, as he had ever been, the single-hearted worshiper of truth. Truth and love he found embodied in the word of the Almighty, and on that his soul rested, in life and in death, with satisfied delight."

After the details into which I have entered I need hardly add that as a practitioner Dr. Cooke belonged to the heroic school. In the use of purgatives, and of calomel in particular, he went further than those who carried the practice farthest. But we should do him great injustice if we concluded that he limited himself to these remedies, however prominent their place in his therapeutics, or that he uniformly administered them in such doses. Ordinarily he gave calomel in quantities but little if at all larger than those usually prescribed; but

as he was led by principle to give the medicine until black discharges were procured, in severe cases he prescribed extraordinary doses in the beginning. As for other curative agents, he was as warm an advocate for the use of cold water in fevers as Currie, and he rivaled his great preceptor, Rush, in the prodigality with which he drew blood. I remember his proposing the cold bath or cold affusions in a case of scarlet fever forty-three years ago. In his own case, as we have seen, he practiced blood-letting with a freedom bordering on excess. His directions to his students in the management of croup were, "Bleed, if you can, and give twenty grains of calomel." He never distinguished between the forms of this disease, if his attention had ever been called to them. He found no place in his *methodus medendi* for bark, quinine, or tonics, but believed that he could cure even intermittents better with purgatives. Tonics he regarded as utterly unnecessary in fevers. With calomel alone he was persuaded every case of autumnal fever might be arrested, the only bar to its use being salivation. He recognized the therapeutic virtues of opium, but felt compelled to reject it on account of its constipating effects. "If calomel did n't salivate and opium did n't constipate," he often said, "there is no telling what we could do in the practice of physic."

Dr. Cooke's manner as a lecturer was not pleasing. His utterance, if not painful, was hesitating and difficult, making the impression on his hearers that it was painful to him to express his thoughts. His voice wanted clearness and force. His words, although always precise and fitly chosen, came out slowly and laboriously. He had no imagination, no fancy, no claims to oratory. The idea of pleasing seems never once to have occurred to him, his aim in lecturing as in writing being simply to make his meaning clear. He read his lectures, and as he was near-sighted he was obliged to hold his manuscript close to his eyes, which made it impossible for him to look at his audience. The consequence was that

when he began in his simple, dry, ungainly way to enounce his theory his students at first drew back, startled by the peculiarity of his manner, and the recital of facts and instances the bearing of which they were not able to comprehend. But this first impression did not last long. It was not many weeks before most of his pupils were so charmed with the simplicity and compendiousness of his theory that they lost sight of his homely elocution. His lucid order, his vast array of facts logically compacted, his ample experience, his gravity and dignity, and above all, his candor and earnestness had conciliated all but the few who had come from other schools prejudiced against his system; and from that time on to the close of his course the lectures of his most eloquent colleagues were not listened to more respectfully or with greater admiration than his.

Dr. Cooke's success as a teacher, despite many natural disadvantages, was unquestionably due in part to his logical faculty, in which he excelled nearly all the teachers of medicine I have ever known. No one could listen to him without feeling that he was in the presence of a powerful and well-disciplined reasoner. But the main cause of his ascendancy over his pupils was the air of honesty that pervaded his teachings. All his utterances were instinct with the spirit of truth. He never jested, never trifled, never exaggerated. He might be mistaken, but he was always sincere. His singleness of purpose spoke out unmistakably in his face, in his gestures, and in all the intonations of his voice. He was thoroughly in earnest, as he was fully convinced of the correctness of his opinions. It was difficult for young minds to resist what came from so clear an intellect and was taught with so deep and thorough a conviction of its truth.

This quality of mind and character bore Dr. Cooke up as a teacher triumphantly for more than ten years, over all opposition to his theory, and in spite of all his defects of manner. Nearly every medical graduate left Transylvania ready to



swear by his doctrines and to practice upon them, and after the lapse of forty years there are physicians all over the country who still adhere to his theory and pursue his practice in its main features.

Whatever were Dr. Cooke's convictions—in morals, in religion, or in medicine—he carried them out without any reference to the opinions of the world. He despised shams and disguises, and stood always resolutely upon his own bottom. When he professed religion his friends nearly all belonged to the Episcopal Church, and it was expected that he would unite with them, especially as it was the church in which he had been brought up; but the Methodist Church appeared to him "the purest as to doctrine" at the time, and, notwithstanding his early prepossessions and the wishes of his friends, he joined the Methodists. After remaining in that church eighteen years, laboring to advance it, deeply interested in all that concerned its welfare, admired, revered, beloved for his zeal, his wisdom, his learning, and his exemplary Christian life, he became convinced that he had been in error all this time, and, severing the tender ties that had united him to his Methodist friends, he at once connected himself with the Episcopal Church; and we have it on the authority of Dr. Craik that "neither he nor his family ever after attended any other form of worship."

He had become convinced of the invalidity of all other forms of ordination, and would not even seem to countenance that which he regarded as heresy. In a conversation with him once I remarked that I was always glad to take a true Christian by the hand as a brother in whatever church I found him. Dr. Cooke, after a pause and taking a long breath, replied, "*I used to feel so.*" But he did not feel so then, and would not leave me to infer from his silence that he did. Such a course he would have felt to be wanting in candor.

His writings on medicine and on church-polity exhibit

the same depth and sincerity of conviction. He had always been in the habit, as he says, of requiring strong evidence upon every subject, and never yielding assent to any thing that was not supported by it; but when he embraced an opinion it was with all the strength of his will and of his understanding. Henceforth there was no more hesitation with him; his mind was disturbed by no further misgivings. His was an absolute, inexpugnable faith. On no serious subject had he any half-formed opinions. In matters medical and in matters theological his convictions were alike thorough. He was as fully persuaded that the Episcopal is the only true church as he was that calomel is the only reliable remedy in fever, and he believed as firmly in his theory of congestion as he did in apostolical succession. To his mind the proof in either case had the force of a demonstration.

The perfect sincerity with which he held his opinions was evinced by his carrying out his practice in his own case. On one occasion this was near costing him his life. He was seized with intermittent fever on his farm near Louisville in the fall of 1844, and for several days took his pills—composed of calomel, rhubarb, and aloes—in the confident belief that they would arrest the disease; but the chills continued to recur with an increasing tendency to congestion, until at last his case became alarming. His old friend, Gen. Mercer, of Virginia, who happened to be on a visit to him at the time, called on me and gave me an account of his situation, asking me to visit him. Dr. Cooke was reluctant to take quinine, but finally consented, and was relieved, and afterward, I believe, used the remedy in his practice.

“Stern and sometimes even harsh in his intercourse with the world, Dr. Cooke was gentle, tender, and childlike in his religious affections, in the domestic circle, and in social intercourse with the friends he loved. With these last he was ever the warm-hearted, genial companion. Without reserve he unbosomed himself to them, and enjoyed beyond most

men the pleasures of conversation, the delightful interchange of thought and feeling."

Of the truth of this delineation of the character of Dr. Cooke, which I quote from his friend and biographer, Dr. Craik, I could cite many instances afforded by years of intimate association with him. There was something touching in the gentleness, simplicity, and tenderness of his nature, which was hidden from the general eye by his usually abrupt manner. One instance I will relate illustrative of this trait in his character.

I went early one morning to his house in Louisville to ask him to indorse a note, a favor he had often done me. He answered slowly and with evident embarrassment that he had just become involved in a security debt by the failure of one of his brothers in Virginia, and on that account should be obliged to refuse me the favor, adding many kind words as to the regret he felt in having to do so. His explanation I assured him was amply sufficient, and as he had not had his breakfast I soon moved toward the door; but he was reluctant to let me go away disappointed, and continued to repeat how sorry he was not to feel at liberty to oblige me. I repeated my assurance that what he had said was perfectly satisfactory, adding that I had another friend whose name I could get, and with this left his house. As I was ascending the door-steps of the friend referred to, a few moments afterward, I heard some one calling to me from a distance, and looking back saw Dr. Cooke hurrying down the street and beckoning to me to stop. Coming up quite out of breath he said, "I went up stairs as soon as you left my house and told Lucy what I had done. She said I ought not to have refused you, and I have come to indorse your note."

"It was deeply affecting," says Dr. Craik in his beautiful tribute to the memory of Dr. Cooke, "to see that strong old man passionately weeping at bidding adieu to the Christian minister who from time to time celebrated at his secluded

home on the Ohio the solemn offices of religion." This tenderness of nature was characteristic of the "strong old man." His religious sensibility was not less deep than his religious convictions. His character was cast in the true heroic mold, but with all his devotion to principle he was as gentle in his feelings as he was manly in temper, as tender-hearted as in manner he was stern and unbending. There was nothing in the world that he loved more than his friends, except truth, and he was only uncompromising when he felt that truth was at stake. I can not call to mind, among all the true men with whom it has been my good fortune to be associated, one of whom we may affirm more truly, as was said by Carlyle of Sir Walter Scott, "when he departed he took a man's life away with him." It is to be regretted that he has not left behind him any record of that sincere, unpretending life. Dr. Cooke was one of the few men who might have been safely trusted to write his autobiography. He would have reviewed his career with a truthfulness, a modesty, a candor that would have exalted his character in the eyes of men. He would have written the history of his life with the fidelity that he lived it. His works are a faithful reflex of his mind, and exhibit a character as strongly marked as any to be found in the history of our medical men. They will be read by the curious for a long time to come, and will always be read with advantage by the earnest student.

When Dr. Cooke was called to a chair in Transylvania University he was engaged, with his friend Dr. McGuire and others, in organizing a medical school at Winchester, Va., in which he was to teach the theory and practice of medicine.

A CASE OF HYSTERIA IN A MALE, ASSOCIATED WITH  
STONE IN THE BLADDER.\*

BY W. H. LONG, M. D.

The case I am about to report is that of a young man, nineteen years of age, of an excitable, nervous temperament. He was born in Indiana, of German parents, and lived the life of a student until April, 1871, at which time he was engaged as a teacher of languages in a flourishing academy. He had an extraordinary memory, being able to memorize whole pages by a single reading; was thorough in mathematics and the Latin and Greek languages; and spoke the German and French fluently.

It was soon remarked by the principal of the school, after he entered upon his duties as teacher, that he became nervous and excitable after any considerable amount of mental or physical exertion. He complained of headache at such times, and said he felt "very queer." These attacks were relieved by an opiate or stimulant.

On the 10th of July, 1871, I was called to see him in consultation with Dr. W. T. Taylor, of Fisherville, and Dr. Frank Atkinson, of Simpsonville. The history of the case was as follows: About ten days previous, after a day's excitement at playing croquet, he was taken with a dull headache. He was persuaded to lie down, and in a few minutes all the voluntary muscles of his body became rigid; his eyes were fixed with a vacant stare; his breathing was labored, resembling that of a child with false croup. No effort could rouse him to consciousness, and the laryngeal spasm became rapidly worse and the muscular contractions irregular. His body was bent, first on one side, then on the other; sometimes twisted and then bent back, as in tetanus. Occasionally the laryngeal

\*Read before the Louisville Academy of Medicine, May 14, 1875.

spasm was so great as to entirely suspend respiration, and during the time of this suspension the convulsive movements of the body were extraordinary.

This condition of things was of about six hours' duration, and was succeeded by a quiet and natural sleep, which lasted until morning. On awaking he had no recollection of what had occurred the previous evening and night, but complained of soreness of the muscles, sore throat, and a sense of constriction about the upper part of the trachea. His pulse was good; in fact was but little if any disturbed during the paroxysms. He had two or three short and less severe attacks during the day, but again at night the same severe convulsions were repeated.

The muscular contractions were so great as to require several persons to keep him in the bed; and the laryngeal spasm was constant, sometimes suspending the respiratory act so long as to be thought past recovery. This condition lasted until midnight, when a quiet sleep till morning was obtained. From this time until I saw him, ten days after the attack, the paroxysms became less frequent and severe, and he remained free from any trouble during the day from the 8th and after, unless he attempted to sleep, and only at night while going to sleep did the paroxysm commence. The attack began when he was so far asleep as to lose his consciousness; in other words, when he had passed the point at which the will ceased to act. Just at this point the first symptoms of the coming trouble appeared. His breathing then became slightly stridulous; this rapidly increased until every muscle concerned in respiration was making the most labored efforts to keep up the act, which was finally suspended by the spasm of the glottis. After this the general convulsions occurred, and continued until the glottis was so far relaxed as to permit the air again to enter the lungs, when they ceased until respiration was again suspended.

The soreness of the muscles had disappeared as well as

the sore throat, and it was only occasionally that he felt any sensation of constriction about the throat. He walked about the room during the day, read, and amused himself; but was sure to have a paroxysm when he attempted to sleep. On going to sleep, and after the laryngeal spasm had commenced and even advanced to a certain point, he could easily be roused, and always waked with a laugh, saying he felt quite well; but if the spasm was allowed to pass that point, which his nurses had learned, he could not be roused until all the symptoms above described appeared.

We agreed that the case was one of hysteria; and as various antispasmodics had been given the patient, he was put upon thirty-grain doses of bromide of potassium three times a day, with citrate of iron and strychnine every six hours.

Ten days later I saw him again. It was night, and I found him lying on his back, his eyes closed, and breathing so quietly that it was only evidenced by a slight motion of the chest. Every muscle was so rigid that it was impossible to move a limb or joint; indeed he might have been taken by the head and heels and carried like a log. His pulse was regular, of full force, 80 to the minute. I tickled him on his side, when he awoke with a laugh, got up, sat in a chair, and talked to me for an hour or two, and said he never felt better in his life. He now feels no soreness or constriction of the larynx; walks about the house, yard, or farm during the day, but at night his trouble invariably comes on with a greater variety of phenomena than were presented at the beginning. The laryngeal spasm is still very distressing, sometimes cutting off respiration so long as to seriously alarm his friends, attended with terrific clonic convulsions. Again he will seem to go quietly to sleep, when tonic rigidity of the voluntary muscles takes place, and he will breathe so quietly that it can not be detected even by a cold glass held to his lips; and apprehension is excited that he is not breathing at all,



and the attendants arouse him. During his periods of suspended respiration he usually had clonic convulsions, as when he had the laryngeal spasm, but not always. These various phases of the disease were presented every night, always in the early part of it, the patient afterward resting quietly and sleeping well. During the night in question I witnessed all the phenomena I have described.

At the consultation it was agreed to give him a small dose of morphine morning and noon, with a full dose at night, the iron and strychnine to be continued.

The result of this treatment was that for nearly four weeks he was entirely free from any trouble, and his appetite and general health improved. The morphine was discontinued in two weeks, except a small dose at bed-time. The tonic was continued, and outdoor exercise and total abstinence from books or mental excitement was recommended.

The first week in September he resumed his duties as teacher of languages. Shortly afterward, while on one of his daily rambles, he came suddenly upon a large snake. He was very much frightened, felt a suffocating sensation in his throat, and was nervous and excitable during the remainder of the day. That night the spasm of his glottis, the convulsions, catalepsy, etc., returned. The convulsions were severe and unusually prolonged, but next morning he felt as well as usual, and resumed his duties in the school-room. The attacks recurred every night, and I saw him again, September 20th, eight days after the return of his disease. Two days before I was informed that he had exhibited symptoms which indicated the passage of a calculus from the left kidney to the bladder. He complained when I saw him of tenderness along the course of the left ureter, and had some difficulty in passing his urine. I looked upon this as nothing more than another phase of his hysteria; and as morphine had been tried without avail, he was given thirty grains of chloral hydrate every night at bed-time, and thirty grains bromide of

potassium three times a day, with cod-liver oil. The chloral relieved the paroxysms for a few nights only, and the ammoniated tinct. valerian was substituted. This gave relief for a few nights, and then lost its effects. The daily use of electricity was then ordered; the bromide of potassium, cod-liver oil, and iron were continued; all reading, studying, or teaching was interdicted, and hunting, fishing, horseback exercise, etc., recommended. Under this treatment the nightly attacks became gradually less severe, and by February had entirely ceased; but before this he had resumed his labors as teacher, and continued them until the annual vacation in June. He increased in strength and flesh during this period, gaining fifteen pounds in weight. In June he visited his father, and while at his house was attacked with urinary distress. His physician gave him medicine for several days without relief, and then introduced a sound into the bladder, when he discovered a stone. This was crushed, and in a few days the fragments were all discharged, the largest lacerating the urethra at its orifice, and was removed by forceps.

From that time to this the patient has remained free from trouble of any kind, is stout and robust, still a hard student, but able to endure a great amount of mental or physical fatigue without any bad effects.

The questions are interesting: What relation did the stone in this case bear to the hysterical manifestations? Did the calculus exist prior to his illness or form subsequently? How far did the diathesis which led to the formation of the stone influence the attacks of hysteria? Or did the renal calculus, which I now think passed in September, become the nucleus around which the stone subsequently formed?

LOUISVILLE.

## Reviews.

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**Dysmenorrhœa.** By JOHN M. JOHNSON, M. D., President of the Atlanta Academy of Medicine, late Professor of Physiology and Pathology in Atlanta Medical College. Read before the Atlanta Academy of Medicine, January 12, 1875.

This pamphlet challenges professional attention. Its author, an honored member of the profession and having large experience, positively and boldly assails very much of the recognized etiology, pathology, and therapeutics of dysmenorrhœa, and presents a treatment for this troublesome disorder which is of admirable simplicity, and which, should it prove equally successful in other hands, is destined to greatly lessen one of the most severe and common of woman's sufferings.

So important do we regard Dr. Johnson's views as to the treatment of dysmenorrhœa—he urges them with such positiveness—that we shall present them in full. But before doing this we must criticise some of his anatomical and physiological assertions; and, lest we may seem to do him injustice, we shall first present in his own words the assertion we dispute. On pages 4 and 5 we read as follows:

“Between the ovaries and womb there is but a single anatomical connection, and that is a small, fibrous, non-vascular ligament, which begins at the edge of each ovary and ends in an attachment to the corners of the womb at the fundus. They have no nerves, arteries, or veins in common, and from the force of circumstances can have no function in common.

“It is asserted by authors and generally believed by medical men that ovulation occurs monthly. This belief is founded on the doctrine of co-operative ovarian function in setting up menstruation. This can not be true. Pregnancies occur constantly

where there has been neither molimen nor flow. I have had many such cases. I delivered one woman eight times who had never felt the molimen or had the flow after the first pregnancy. To attempt to establish co-operation of function by a coincidence of function is certainly the wrong method of reasoning. My belief is that ovulation is not regulated by periods, but by the generative power of the organ, and that ovulation may occur once a month or once a year, and always independent of any other causation than its own inherent force. Much has been written and spoken about monthly ovulation and the washing away of the ovum by the menstrual flow. Nature never commits wholesale mistakes in this way. Every seed has its time to ripen, and then under the proper conditions to germinate and grow. The acorn finds its bed in the virgin soil beneath the bough, where under the influence of heat and moisture it may quicken and grow to the dimensions of the parent stock. So in like manner the ovum falls into the oviduct and finds its stroma in the womb, and when impregnated arrests at once by inherent power the molimen and flow, and in quiet and security completes its great task. In view of these facts I must think the attempt to correlate these functions a fallacy."

So far from the first statement being correct, the ovary is connected with the uterus not only by its own ligament, but also indirectly by a peritoneal layer derived from the broad ligament, and by its connection with part of the fimbriated extremity of the oviduct.

"No nerves, arteries, or veins in common." This is another and graver error. The upper part of the uterus, the oviducts and ovaries, have a common nervous supply—viz., from the spermatic plexus—and from this same plexus branches are sent contributing to the formation of the inferior hypogastric plexus, and this plexus supplies the lower part of the uterus. As to the blood-supply, we shall quote Dr. Arthur Farre's statement in Todd's Cyclopaedia: "The ovary derives its supply of blood chiefly from the ovarian (spermatic) but in part also from the uterine arteries. So free indeed is the communication between these vessels that the organ may be equally well injected from either source. This communication is effected

chiefly by means of a branch of the ovarian artery which passes inward to inosculate with a terminal branch of the uterine artery, this anastomotic branch being occasionally so large as to constitute the principal source of supply of the ovary." And Dr. Savage remarks (*Anatomy of the Female Pelvic Organs*), "The uterine artery is occasionally extremely small, and the reverse, a variety associated with a similar but reverse irregularity of the spermatic artery." Finally, the uterine veins are in communication with the utero-vaginal venous plexus, in this in turn with the bulb of the ovary, which through the ovarian plexus communicates with the ovarian vein.

The writer's attack upon the ovarian theory of menstruation is weakened by his error in anatomy just pointed out. This theory rests upon too large an induction, is so strengthened by analogies drawn from observations of the phenomena of ovulation, rut or heat and impregnation in animals, and has received the belief of all prominent physiologists that it can not be readily shaken.

That, as Dr. Johnson says, pregnancies constantly occur where there has been neither molimen nor flow is surely not in accordance with general professional experience; such cases are the exceptions, not the rule, and as exceptions they are usually referred to by obstetrical writers. Where the ovaries are rudimentary the menstrual flow is absent, no matter how well developed the uterus may be. So too, if these organs are destroyed by disease or removed by the surgeon, the flow does not occur, though in the latter contingency this flow may recur for a few times simply from the force of habit, but its speedy cessation is inevitable. In cases where hernia of the ovaries permitted a careful examination these organs have invariably been found enlarged and tender during menstruation. It is well known that the great majority of conceptions occur near the menstrual period. "In women who have died during a menstrual period the ovaries

have been frequently observed to present unmistakable signs of the rupture of one or more Graafian follicles. In one case the ovum itself was found in the fallopian tube." (Farre.) Finally, does not the periodicity of the flow indicate its dependence upon some cause exterior to the uterus? It is comparatively easy to explain this monthly recurrence of a uterine hemorrhage by finding its cause in ovarian influence determined by that being the measure of time for the ripening of an ovum; just as the ripening of grain or of fruit, the successive stages of the development of the impregnated ovum require definite periods of time for their accomplishment.

But Dr. Johnson is worried by the seeming waste of ova if at each monthly period one is lost, should opportunity for impregnation not offer. Nature in all her vegetable and animal creation, in her ubiquitous and perpetual stream of life upon the earth, nowhere teaches such a lesson. Tennyson was tame in singing that "of fifty seeds but one is brought to bear," for of thousands and tens of thousands all may perish. She has multiplied beyond enumeration the germs so that the stream of life shall not be arrested, and she has thus secured beyond peradventure the opportunity for reproduction and the perpetuation of species. Illustrations spring up on every side, but a single one will suffice. Thousands and tens of thousands of ova are found in the human ovaries; nay, as Dr. Farre observes, in numbers they exceed all powers of computation. So far then from indorsing Dr. Johnson's statement that the attempt to correlate the functions of the uterus and the ovaries in menstruation is a fallacy, we believe it utterly untrue.

In discussing the *etiology* of dysmenorrhœa the author asserts that "the disease is clearly traceable to childhood," and that "forty-nine times out of fifty dysmenorrhœa results from the want of that care that a good stock-raiser or gardener bestows upon his pets;" assertions which will seem to most readers at least slightly extravagant.

We fail to find in his *pathology* of the disorder any passages giving a clear presentation of his views, although we do find some very judicious and earnest censures of the neglect of plain laws of hygiene and physical culture. We regret to read some of the censures of Dr. Sims, especially such passages as these: "I have no doubt the time will come when he would be glad that half his contributions to medicine and surgery, both at home and abroad, would perish forever." . . . "His treatment for sterility—by slashing the neck from side to side, by caustics, tents, and the like—must fall before the light of experience." Others do not share in Dr. Johnson's "doubt;" others know that Dr. Sims has no universal remedy for sterility.

But now let us come to Dr. Johnson's treatment of dysmenorrhœa; and here we shall refrain from criticism, and, as previously said, let the author's words tell his story:

"My treatment for dysmenorrhœa is very simple. It consists first in preventing the disease by establishing the function properly at the beginning; taking care, however, to resort promptly to the same means if the disease threatens to come on again. If the patient under treatment for dysmenorrhœa is anæmic from any cause, correct the evil by an appeal to the three great functions in the nutritive processes, to wit, digestion, absorption, and assimilation; economize all of the forces; exhaust nothing; support every thing. The best general tonic for the stomach is equal parts of the tincture of quassia and the tincture of stillingia, given in drachm-doses three times a day, in water. Where duodenal digestion is at fault the means I have employed is the tenth of a grain of the tartrate of antimony in one drachm of water and five drops of laudanum taken three times daily, until the symptoms of duodenal dyspepsia or the inertia of the organ is relieved. If the lacteal system is at fault, then avoid the coarser fats and use none other than small portions of cod-liver oil, gradually increased as the patient can bear it. This, with a reasonable amount of new, sweet, faultless butter, will meet the exigencies in the lymphatic system. For making blood the triple phosphates, where they agree with the stomach, is the best preparation I have used; also stimulants, of



any kind best suited to the palate, should be used freely. Exercise in a carriage or horseback-riding will assist materially in bringing relief to the patient; but above all things look to the nutritive system. If medicines, however well adapted to the disease, are found to so disagree as to lessen the capacity to take food or interfere in any way, stop its use at once, and rally the appetite by stimulants, jellies, chicken- and beef-essence, exercise in the open air, etc.; but when the molimen comes on use the hot enemata, hot blanket, and douche, and also the black drop, as directed, and continue this treatment to the end of the period, and continue it at any time between the periods when there is pain, and do not allow it to exist at all.

"Sometimes there are kidney-troubles, not unfrequently troubles of the liver and spleen, and very often of the cord. If, however, you can reach the nutritive functions, and the patient can once begin to take food with a relish, the Rubicon is crossed. If the bowels are constipated, they should be kept regulated by giving half-grain portions of calomel with two grains of hard loaf-sugar, carefully triturated in a mortar for ten minutes at least, and given on the tongue and mixed with the saliva, and swallowed at bedtime when the stomach is empty; and if it fails to act by morning, it should be repeated one hour before eating, and then await results. It acts mildly by restoring the secretions only, and not as a purgative. It will not impair the appetite or reduce the red matter of the blood.

"Regarding dysmenorrhœa as purely a diseased function, if the nutritive organs are in good condition, the only thing necessary to be done in addition is to regulate the bowels without purging them, and thereby interfering with nutritive and other supporting measures. Again, in all cases of dysmenorrhœa of the kind we are considering the muriate of ammonia should be given three times daily. For this purpose one ounce of muriate of ammonia should be dissolved in two pints of water, and a table-spoonful given three times daily, and the use of it continued for two or three months, for the purpose of expanding the urine and defibrinating the blood, and preventing, first, infarction of the arterioles and venules; and secondly, the formation of fibrous tumor, which more frequently than many suppose to be the case is the termination of dysmenorrhœa, and brought on by it.

"Neuralgic dysmenorrhœa is often and perhaps generally the

result of toxæmic causes, as asserted by two of the authors from whom I have quoted. But it may arise from other causes also; as congestion, commencement of malignant disease, hyperæsthesia of a part or all of the sensory uterine nerves. But no matter what may be the cause, the treatment I have laid down will give perfect relief until other remedies can be brought to bear, such as arsenic, quinine, iron, cicuta, etc.

"In membranous dysmenorrhœa I advise the hot-water and black-drop treatment, and also mild ptyalism, muriate of ammonia daily for three months, and keeping the bowels scrupulously regulated but not purged; for this purpose the compound cathartic pill is the best. If there be whites, as there generally is, I make a wash of two ounces of muriated tincture of iron and four of water; and every night I elevate the hips on a pillow, and throw half an ounce as far as I can carry a glass female syringe into the vagina and discharge it. This I repeat every night, and in severe cases three times daily, for two or three days, and afterward every one or two days repeat at night, until there is a discharge of loose, diseased epithelium, organized by the wash into a skinny substance resembling yellowish paper, which passes in strips as large sometimes as the hand, and sometimes the complete cast of the vagina will come at once. When these slips begin to come encourage them to do so by the douche, but continue the iron until this ceases or the part becomes too much inflamed to go further. Whenever the whites show a disposition to return, do the same thing over again, and continue until the symptom yields.

"Lastly, obstructive dysmenorrhœa calls for a few remarks. Thomas ascribes this variety to contractions of the cervical canal, flexion or version of the uterus, vaginal stricture, polypus-in-utero, obturator hymen, or fibroid in the parenchyma of the neck. I treat this just as I have recommended for the other varieties of this disease. They are in fact one disease, with diverging anomalies. We have to deal with a diseased function. My object is to call attention to this fact, and also to a treatment in harmony with it. By carefully soothing the diseased organ in the manner suggested you will rob dysmenorrhœa of its horrors. By strict attention to the nutritive system, by proper exercise in the open air, restraint from excesses, going early to bed and sleeping well, the process of restoration will be inaugurated and great results follow. By this treatment I have cured two cases of hysteralgia pronounced

incurable by leading gynecologists; also three of membranous dysmenorrhœa, all I ever treated; also metritis and perimetritis; and, if taken in time, cellulitis will disappear from the catalogue of pelvic diseases. Leucorrhœa is nearly an invariable attendant upon dysmenorrhœa. This can be certainly cured by using as a vaginal enema the muriated tincture of iron, one third or one half strength, every night and morning, introduced with a blunt female syringe; half an ounce of the mixture to be thrown down to the base of the vaginal cul-de-sac, and the portio-vaginalis compelled to remain in the bath all night by placing a pillow under the hips. The fluid will then penetrate the cervical cavity to the os, and by keeping this up for three nights until the discharge ceases you will have cured the disease. If it returns, treat it the same way."

Certainly Dr. Johnson has great confidence in his plan of treatment, and the promises he makes are large enough to justify its faithful trial. By it cellulitis, if taken in time, will disappear from the catalogue of pelvic diseases; leucorrhœa certainly cured by injections of a strong solution of muriated tincture of iron; metritis, perimetritis, and membranous dysmenorrhœa even will no longer defy the doctor, but will be as amiable as Captain Scott's coon! Dr. Johnson is in earnest, and we will try to believe him, indorse his note for indefinite millions, until general professional experience, the final arbiter of therapeutic theories, shall come to confirm or disprove his statements.

T. P.

## Clinic of the Month.

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TRANSFUSION OF BLOOD.—Prof. Billroth has recently published a lengthy article on transfusion of blood, as based on his own and the experience of others. This paper appeared in Nos. 1 and 4 of the Vienna Medical Weekly, and the following is a short *résumé* of the same. He says that in acute anæmia the injection of human blood is justified at the critical moment, even though at this time it has seldom been of benefit; but that all other indications for transfusion have neither a sufficient theoretical or empirical indication to be binding. In discussing the question if only human blood should be used—for even when this has been employed the reaction has occasionally been a serious one—or whether any other kind be more suitable, he states that he is not firmly settled in his opinion, and proceeds to enumerate the indications for its employment in acute anæmia, in which, according to his individual experience, the operation can not always be relied on, whereas the most brilliant results might be expected in accordance with physiological reasoning. Next, the indications for substituting diseased blood by healthy fluid, and especially in septicæmia. Billroth is of the opinion that we can not expect any satisfactory result from the introduction of only a small quantity of healthy blood, whether we believe in the theory that in septicæmia the septic material undergoes a fermentative process, or if we look upon it in the aspect of a poison, which even in the minutest quantity has a fatal effect, as some of the alkaloids have. Even if all the blood of the patient were completely exchanged for new, one of the conditions of a satisfactory result would be that

the putrid material be only contained in the blood, which is not proven by any means, nor is it very probable. He is very much opposed to the opinion that the transfusion and substitution of blood in chronic diseases can afford any permanent benefit, nor will it be generally introduced into the practice of medicine. The theoretical objections are very great, nor have the practical results diminished them any.

RETENTION OF THE DEAD FETUS IN THE UTERUS.—Two interesting cases of such retention are quoted by Dr. Hergott (*Annales de Gynécologie* for May) from recent German journals. The first, reported by Dr. C. Liebman, of Trieste, is briefly as follows: A woman twenty-five years of age, pregnancy normal until the fifth month, when death of the fetus occurred from external violence, but labor did not take place until after the ninth month. At the middle of the tenth month rupture of the membranes, discharge of the waters, and labor commenced, but soon ceased, returning in the course of the twelfth month, and terminating in easy expulsion of a five-months' fetus, which was macerated but not putrefied.

The second, reported by Dr. Alex. Solovieff, of Kazan, Russia, is this: A woman thirty-three years of age, the mother of seven children, was pregnant for the eighth time, and when threatened with labor six or seven weeks before term was assured by a midwife that the infant was transverse; and to rectify this alleged malposition a large inverted pot, the air first exhausted by having burning tow in it, was twice applied, like a cupping-glass, to the abdomen. After this violence the fetal movements ceased, and after four days of agony the placenta was expelled. For several weeks there was a horribly offensive discharge, and she was confined to her bed. At the end of the second year menstruation recurred and was regular. When sexual intercourse occurred her husband's penis was often wounded so as to bleed profusely. Finally

after six years' retention of a dead fetus it was removed. Seventy-two bones, among which were the long bones of the extremities in perfect preservation, were taken away at one time. The patient soon recovered.

ABOUT THE CONDITION OF THE PUPIL DURING CHLOROFORM NARCOSIS.—Coyne and Budin (*Gazette Médicale*, February 6, 1875) have determined that in complete chloroform narcosis, if the anæsthesia be perfect, the pupil is contracted and immovable, and does not respond to external irritants. If, however, the anæsthesia be incomplete, they observed that if the patient be subjected to various external irritants the pupils become dilated by reflex action. If vomiting set in, the pupils are also seen to dilate and sensibility return to a greater or less degree. The cardiac syncope is also indicated by a sudden dilatation of the pupils.

CHLOROFORM ASPHYXIA.—In a case of chloroform asphyxia in a child aged six years, in which cessation of respiration and of the heart's action was noticed for several seconds, Fienzal (*Progr. Medic.*, January 30, 1875) noticed that after he had stood the patient on its head for about thirty seconds, and at the same time had kept up artificial respiration by pressure on the abdomen, the face again assumed its normal color; and after the child was placed in a recumbent posture, with the head hanging down, respiration and circulation became fully restored. As in this case, as well as in a number of others observed by the author, there was no retraction of the tongue, and no symptoms of suffocation presented themselves; and as the excellent effects following the measures employed would indicate, the author is inclined to the opinion that the retraction of the tongue and the subsequent asphyxia can not be considered as the cause of death in chloroformization, but that it is generally owing to syncope resulting from the action of the anæsthetic on the heart.

DEFICIENT DEVELOPMENT OF THE TEETH AND CORTICAL CATARACT.—I. Hutchison says (British Med. Jour., March 6, 1875) that the peculiar form of opacity of the lens or cortical cataract noticed in early infancy is nearly always accompanied by a marked deficiency of the enamel of the incisor-canine and molar teeth. These last are particularly affected, and their rough, discolored appearance contrasts markedly with the bright, healthy appearance of the bicuspid. As the misshapen central incisors are indicative of congenital syphilis, so the first molars are characteristic in these cases. The author alludes to the observations made by Arlt and verified by himself as to the fact that those children affected with lamellar cataract have previously suffered from convulsions, and explains this by saying that the pathological appearance of the teeth is due to the persistent use of calomel. This assertion, that calomel was the cause of the dental malformation, gave rise to a very stormy debate in the pathological society.

IODINE INJECTIONS IN PROSTATIC HYPERTROPHY.—Professor Heine is stated to have cured six cases of prostatic hypertrophy with iodine injections, and now recommends the parenchymatous injection of moderately-concentrated solutions of iodide of potassium. He states (Langenbeck's *Archiv.*) that the operation is not severe, and can be borne by old and weak individuals, because the diminution of the hypertrophied organ takes place without suppuration. When its volume is diminished the secondary affections of the bladder are also relieved, provided they have not attained a high degree. The operation is performed by placing the patient on his side at the edge of the bed, and introducing the oiled index-finger of the left hand into the rectum to the point where it is intended to make the injection. An exploring trocar is then introduced on the finger, the stylet having been withdrawn into the canula, and the puncture is made. The stylet is then with-



drawn from the canula, which is filled with the solution in a syringe. When the canula has been filled an air-tight syringe is attached to the canula and the injection performed. The median line of the prostate should not be chosen, as a small artery takes its course in this location. The author's solution is iodidi potass.,  $\mathfrak{z}$ ij; tr. iodinii,  $\mathfrak{z}$ ij; aq. distil.,  $\mathfrak{z}$ ij.

CHOREA TREATED BY ARSENIC IN LARGE DOSES.—Dr. Eustace Smith writes (British Medical Journal) that the curative value of this drug is greatly increased by administering it in full doses. The tolerance of children for arsenic is a matter of common observation, and this tolerance is especially marked in the case of a non-febrile disease, such as chorea, where there is no increased irritability of the digestive organs. To a child between the ages of five or six and twelve, the subject of this complaint, Fowler's solution may be given in doses of ten minims, three times a day, directly after meals. The influence of this treatment upon the disorder is seen almost immediately, and it is rare for any of the physiological effects of the drugs to be observed. By this means cases of the disease which had resisted smaller doses of arsenic may be cured in a few days, and even severe cases seldom last longer than a fortnight or three weeks.

COLD AFFUSION IN SCARLET FEVER.—Dr. Gordon, in the Dublin Journal of Medical Science, says that several of the worst cases of scarlatina which had come under his notice were marked by extreme nervous symptoms, insomnia, delirium, accompanied with intense heat of skin and high pulse, and the recovery which took place in many of these cases he attributed almost entirely if not altogether to the cold affusion. He had a long, reclining bath placed at the side of the bed. The patient was placed in the bath; a hot blanket was placed on the bed, and one or two hot sheets. The patient was taken out, laid on the bed, and the blanket

turned over. In five minutes, more or less, there was profuse perspiration in almost every case, and when that occurred the patient generally recovered. At least fourteen or fifteen cases were treated in that way within the last year and a half, and of these he thought he was under the mark when he said ten or eleven recovered.

**HOT BATHS.**—Prof. Lasegue lays down (Medical Press and Circular) the following rules: No hot bath ought to exceed twenty or thirty minutes in duration. The initial temperature ought always to be lower than the final temperature. The increase of temperature ought always to be gradual. The maximum temperature is usually  $103^{\circ}$ , but  $108^{\circ}$  can easily be tolerated if the patient does not remain in this temperature longer than eight or ten minutes, and if the unpleasant sensation produced by the vapor on the part of the body which is not immersed is avoided. On leaving the bath the patient goes to bed, and soon loses the sensation of unusual heat. Cold douches, which are so agreeable after hot-air baths, are not well borne after hot-water baths. Lasegue has found a prolonged course of hot baths very useful in chronic rheumatic arthritis. Under their influence the movements of the articulations have become less difficult and painful. A similar mode of treatment has been found useful in chronic abdominal complaints, such as protracted diarrhea, and even in obstinate chronic bronchitis.

## Notes and Queries.

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MEDICAL EDITORS' ASSOCIATION.—We make the following abstract from the very excellent address delivered by the president, Wm. S. Edgar, M. D., at the meeting of the Medical Editors' Association at Louisville, Ky., May 3, 1875:

*Gentlemen:* Advertisement of the medical profession in America is engaging the earnest attention of so many ardent friends of reform as to warrant, we think, its presentation on the present occasion. Perhaps the members of the medical profession are the only parties who in their organic capacity legislate against advertisement, yet do more of it than any other calling or interest, not excepting the showmen; while the *Barnum method* is forbidden a worse one is tolerated, so far as its effect on either the profession or community is concerned. True, some of the methods in general use are unobjectionable, so far as the reflex on the profession is concerned; *e. g.*, the professional work done every where over the country as a gratuity, believing it better to be advertised as doing business than not to have any business; hence the country physician obeys distant charity calls in the night or storm, while the city physician attends free clinics, giving a large portion of his time to become known.

We see no good reason for claiming that medical men are more charitable than other men or under more obligation to render gratuitous services. Granting the nature of these services to be peculiar, and to necessitate much uncompensated labor, still we think every state or municipality should compensate the doctor for a portion of his labor bestowed upon the poor; and this would soon become a necessity if the country was not flooded with medical men of one kind and another. The medical services rendered in this way the country over, with those rendered by teachers in medical schools in our city hospitals and free clinics, as an attraction to students, doubtless amounts to one half of all the service of the profession; the most of which, it must be conceded, is for adver-

tisement one way and another. While we honor the profession for contributing its services to the poor generously, we have reason to fear the enterprise of advertising has carried it to an absurd extent.

There is another kind of advertising which has reached a point in America which threatens the humiliation of the profession almost beyond redemption. I allude to the multiplication of medical schools. It is well known to the profession that many of these schools are organized solely to advertise the men composing the faculties, seeing this is a method not interdicted by the Code of Ethics. A dozen or fifteen or twenty doctors, more or less, meet and organize themselves into a medical faculty; a charter is procured and the chairs "fanned out" among them, and circulars scattered thick as blackbirds in autumn, heralding the wonderful advantages of this new school. A card is in all the publications of the city, secular and scientific; thus no means are spared to make known that Prof. A has the chair of obstetrics and Prof. B that of surgery, etc., to the end of the list; then come as many more names, with their addresses, as assistant lecturers, waiting to don the discarded mantles of their superiors. In this way twenty-five or thirty doctors are advertised into practice over their neighbors, often every way their superiors, except perhaps the teacher of chemistry, who has to be *paid*, as the public have little use for his wares.

Other professional men, observing the success of this shrewd trick to inveigle the public, and seeing no other way to keep even in the race, organize another school, and the community is startled by the announcement of as many more professors in medicine born in a day. Thus a city of a hundred thousand inhabitants may boast two or perhaps three medical schools, equipped and in full blast with large classes, *where fifty properly-qualified students it might be difficult to find.*

By "beating the brush" in all directions and offering all admission who apply, with or without education, with or without money or price, in this way are large classes collected; and if the graduating-list of either school is not quite satisfactory (on account of the nine-months' short-cut), there is generally timber enough near at hand, none the worse for having been used, half a dozen or more "*ad eundem*" are added, and the bill is filled, the effect upon the public satisfactory, which of course is the end sought.

But what effect on the profession has the conduct of these schools? The means used by one party to secure pupils being regarded as dishonorable and unfair by their competitors, personal differences are begotten, which extend to all of the rings or cliques composing the faculties. In many instances so intense is the hatred thus engendered that it is shared by the friends of the doctors in the several schools, thus filling the social atmosphere with its pestiferous blight; and any physician who may have the temerity to express his opinion concerning these great advertising frauds on the profession and public is at once ostracised by the aggrieved faculty, amounting to a system of blackmailing, and ever thereafter treated as a personal enemy. This discord further finds expression in the conduct of medical societies, in efforts to rule or ruin the same, in combined and well-concerted efforts to ruin the reputation of physicians whose only crime is that they are not of their party. It intrudes itself into the private chambers of the sick, no less than the medical management of all public charities and sanitary boards, creating divisions where the profession should be a unit. Finally the social status of the profession in the communities cursed with these rings is so disgraceful that every intelligent and right-minded physician feels compromised and ready to rue the day of his identification with a profession thus dishonored. Neither is this all; indeed the worst effect remains to be told, that which humiliates and breaks down the claim of the profession to rank with the learned professions; viz., the sending forth yearly, if not oftener, hundreds of young men certified by diplomas to be competent to assume the responsibilities of a medical and surgical practice, when they have not the first qualification for the duties of either.

Thus have we enumerated some of the evils arising from this method of professional advertisement, and which go far to confirm the statement so common that "our medical schools are the curse of the profession." I see it stated we have from ninety to one hundred medical schools in the United States, while a dozen would be sufficient for the next half century; but we are at present, through the school-instrumentality, so effectually advertising eight hundred or a thousand doctors that they secure the choice practice in all of our great centers of population in a manner *seriously damaging to the remaining fifty thousand physicians*. A large portion of the thousand professors thus lifted into prominence, it must

be conceded, rely entirely upon the school-advertisement for the prestige and practice they enjoy, while thousands in the profession, their superiors, remain in comparative obscurity.

Believing the time fully come when it is the duty of all true friends of the profession to co-operate to make efficient the most hopeful measures for the speedy arrest of the prevailing cheap, short methods of entering the medical profession, we present it on the present occasion as a subject in which the medical press has a large share of responsibility. In so far as the press may be subordinate to and issued in the interest of advertising schools, opposition to any feasible plan of reform may be anticipated, as it would disturb "Othello's occupation."

Some doctors profess to believe that "as the masses improve so will the average doctor," that the supply will meet the demand, than which a greater fallacy was never conceived. Is not the average intelligence of the masses in the United States equal at least to the masses of Europe? Yet the doctors of this country do not compare with those of the European states in general culture or medical acquirements. Let no one deceive himself. In every country where the doctor stands high the entrance to the profession is guarded by a state board, not instituted to protect the doctor against quacks, but to protect the community against incompetent doctors.

The term *cheap* is not intended to apply to the cost of a course of medical lectures so much as to the cost of education to qualify the young man to matriculate for a course of lectures. To acquire a good English education, with some knowledge of the Latin, is the work of years and takes money. If the pupil has not money, but works a part of his time to defray expenses, it takes longer, and is still expensive in labor, individual effort, and self-denial. These years of mental discipline and training to study are not simply indispensable to his comprehension of the scientific terms used in the profound philosophical dissertations in some departments of medicine, but to the scientific nomenclature of constant occurrence in every department, also to that refinement and gentlemanly bearing which ever marks the properly-educated physician. Every student of medicine should at least be acquainted with the rudiments of the Latin language, so much as might be acquired by an adult in one year.

A student thus trained to study, with the habit of application

acquired before entering the medical college, will acquire more in one term of lectures than the uneducated can in half a dozen courses. Admitting to medical studies untrained youth is what is depreciating the medical diploma of the schools in the United States the world over. The facts on this subject are fast becoming known throughout the civilized world, and America is fast becoming the promised land for the quacks and impostors in medicine of the world. The men who fail to pass the government boards for license either in Europe or South America flock to the United States for an open field.

For a long time the great body of the profession, appreciating these evils, looked to the American Medical Association for a plan of reformation which should be at once universal and equitable. A convention consisting of school-men was organized, and they met two or three years in succession, and finally adjourned *sine die* without doing any thing; and it was simply absurd to expect them to do any thing, as the only thing that would do any good—viz., fix a reasonable standard of acquirement for admission—would have put half of their schools out of existence in one year for want of material. Seeing that the schools are powerless, because they can not be brought to act in good faith as a unit; that the American Medical Association has tried and signally failed to stay for a moment the tide which is bearing us on from bad to worse; seeing that the state societies have tried to interpose some barrier, which has proved equally futile; a leading element in all state medical societies, being interested in some medical school, they always see to it that no movement likely to be effective is had, for the simple reason that it would embarrass their medical school.

We are told "the members of the profession at large are to be blamed for sending such material to medical colleges," but we have reason to believe that a large portion of the men who are least prepared never study in a physician's office or receive any encouragement whatever from physicians to engage in the study; they go on their own responsibility.

After the examinations had closed this spring in St. Louis one of the gentlemen who had been rejected by one of the medical faculties called on a physician of my acquaintance to get circulars giving information of the "*spring-term graduating* medical colleges," the object being a diploma. We judge him to be of the class reported by a correspondent of the Boston Medical Journal



at Ann Arbor, Mich., as occurring at the entrance examination of the Medical Department of the Michigan University, as follows: He was nineteen years old, had been to school four years, and had studied medicine one year with his father, a physician in active practice. In answer to questions he said that Germany was in South America; Europe, Asia, and Africa were also there; Russia was in North America; New Orleans was northeast from Indiana; water freezes at thirty-three degrees below zero, and boils at one hundred and two above; the torrid zone is hotter than the frigid on account of climate; summer is warmer than winter because of temperature; all animals are called quadrupeds; mosquito is spelled m-o-c-q-t-o; and if two apples cost three cents, twelve will cost thirty-six cents. He could not give the boundary of his native state. Indeed the only questions which he answered correctly were as to the capital of his state and the location of the Amazon, with which it is fair to remark he associated the Nile and the Niger. Of course it is unnecessary to say he was rejected; but it is pertinent to add that he departed in high dudgeon at the action of the faculty, evidently thinking that he had passed a very creditable examination, and declaring his intention to immediately favor a certain other school with his presence and patronage.

This illustrates the truth of what we have said, that the schools can not remedy the evil because they never will act as a unit, and that schools that would cheerfully institute an entrance examination would simply turn to other schools the incompetent, without excluding them from the ranks of the profession finally.

The question is not whether the teachers in our medical schools do not teach faithfully for reputation or advertisement, but whether they do not do a bad thing for the profession and the people by gathering a class of incompetent men to get a chance to teach; receiving men as medical students who *can not be taught* the medical profession, and returning the same to their homes as physicians licensed to practice medicine and surgery to the imminent peril of life and limbs. It matters little how good the seed or how carefully sown, if it "falls on stony places without depth of soil," it is lost. What we deplore is the multiplication of schools simply to create reputation for a *few* men at the expense of the *many* by multiplying doctors of inferior grade.

We have seen that if a few schools institute entrance examinations, just as they advance to a reasonable standard of qualification

will they succeed in excluding the great body of applicants, who will seek schools where no questions are asked; hence we see but one effective way, viz., a *state board*—a law making it necessary for all to obtain license from this board who enter upon the practice in the state—which would at once deter a large portion of the incompetent from selecting the profession of medicine for their life-business, seeing their education was insufficient.

We have encouraging indications on all sides that the great majority of the profession and people are approaching common ground on this subject from the various efforts at legislation the past year, verifying the statement that "history repeats itself." A law to this effect exists and is rigidly enforced in Germany, Austria, France, England, and nearly all the prominent countries of the world. From the report of examinations in Germany for the year 1874 about twenty-five per cent of the candidates were rejected, the total number of graduates in Germany that year being six hundred and sixty. The graduates in the United States the same year number three thousand. The population of Germany is forty-two millions; that of the United States about the same.

It is sometimes said it would be a political affair, politicians would appoint politicians; others say, what do lawyers and legislators know about medicine or medical men? Let them keep to their own business. I believe the fact is that the governors, without the aid of the senate, made good appointments for medical boards during the war. The demand for physicians was so great that the boards passed many men not the most competent, but they were painfully aware of the fact at the time. The army and navy have no trouble to get good boards, who have done a good work for the public service since the government was founded. Is not the citizen as deserving as the soldier? Do the objectors honestly fear that good boards would not be appointed, and that justice would not be done; or rather is it more probable that the fear is that justice would be done, and by refusing incompetent graduates license reflect on the college from whence they came? We can conceive of but one objection worthy of notice, and that is that the poor students might omit to pay the fee to the college for a diploma, seeing they have a fee to pay the state in any event before they could get license to practice. In this way a small amount of money might be diverted from the college to the state.

The appointment of the examining board by the state medical

societies is open to more objection than by the governors and senate, as it would stimulate lively "log-rolling" by friends of rival schools to get their friends appointed.

Having been appointed on a committee in a neighboring state for soliciting legislation, we repaired to the seat of government when the legislature was in session and presented our plan for a law, and secured its reference to the committee of the judiciary. The following is a copy of the law recommended:

AN ACT FOR THE BETTER REGULATION OF THE PRACTICE OF MEDICINE AND SURGERY IN THE STATE OF . . . . .

SEC. 1. Be it enacted by the people of the state of . . . . . represented in the general assembly, that a board of medical examiners shall be constituted, composed of members residing in the state, who shall be graduates of some chartered medical college, men distinguished for their acquirements and ability in the medical profession.

SEC. 2. Their term of office shall be . . . . years, and until their successors shall have been appointed and duly qualified. The board shall consist of seven members, five of whom shall constitute a quorum to transact business.

SEC. 3. The examining board shall hold two sessions in each year, one commencing on the first Tuesday of April and the other on the first Thursday of October. They shall remain in session from day to day until all applicants who present themselves shall have been examined. Place of meeting, . . . . .

SEC. 4. The examining board shall be nominated by the governor and confirmed by the senate.

SEC. 5. Any person proposing to engage in the practice of medicine or surgery, or any branch thereof, in the state of . . . . . shall make written application to the board, asking examination at the first sitting or convenience of said board.

SEC. 6. It shall be the duty of the applicant to transmit with his application a fee of . . . . . dollars. It shall be lawful for any applicant, after having filed his application with the board and their acknowledgment with the county clerk of the county in which he proposes to practice the medical profession, to engage therein at once in said county, but not elsewhere.

SEC. 7. Should the said applicant fail to present himself for examination at the appointed time, or fail to receive the sanction of the board, he shall have no legal claim to fees or compensation for services rendered prior to his examination, and shall cease immediately thereafter from the practice of the medical profession in said state.

SEC. 8. It shall be the duty of the board of examiners carefully and faithfully to examine each candidate for license on the sciences of anatomy, chemistry, physiology, surgery, materia medica, obstetrics, pathology, etiology, and diagnosis, omitting the customary examination on therapeutics or the *modus operandi* of medicines; to grant license to such only as have sustained a satisfactory examination; and all examinations shall be conducted in the presence of a quorum of the board.

SEC. 9. All persons who may engage in the practice of medicine or surgery, or any branch thereof, in violation of this act shall not be entitled to collect any compensation. Any party charged with the violation of this act may be arraigned before a justice's court, and on conviction be fined . . . . dollars for each and every offense.

SEC. 10. The board of examiners shall elect yearly one of their number to perform the duties of secretary and treasurer, whose duty it shall be to keep a faithful record of the proceedings of the board, and after paying the necessary expenses attending the sittings of the board, including cost of certificates, pay the balance into the state treasury.

SEC. 11. The certificate shall be drawn on parchment, signed by the members of the board, and countersigned by the governor and secretary of state, with the seal of the state attached.

SEC. 12. Each member of the board shall receive when on duty . . . dollars a day, to be paid by the treasurer of the board as required from fees received.

SEC. 13. That physicians and surgeons practicing in this state at the time of the passage of the act shall not be required to undergo an examination and procure a certificate as above provided.

The form of a bill here presented is believed to indicate the principles to be embodied in an act on this subject rather than all the provisions in detail which may be necessary or desirable to carry out in the most efficient manner those principles. Where so various and conflicting views are entertained the spirit of compromise must be largely indulged.

It seemed to have the committee's approbation, as they reported it back to the house, recommending its passage; it was read a second time and ordered printed. When we thought all going on well we heard of a hitch by the Chicago delegation, who all at once put their united strength against it, in accordance with a remonstrance from doctors of position and influence in Chicago. Who the signers were we never learned.

Since the effort we refer to a law has been passed by the legislature of Illinois to the effect that every practitioner must have a diploma or certificate from a medical society. Of course such a law would meet with no opposition because it amounts to nothing, except to license incompetent persons and put a few dollars into the treasuries of medical schools. Thus is our statement on the influence of the school-men on legislation demonstrated. While the law above mentioned tends to reduce the number of medical students, it would send into our academies and colleges those who contemplate the study of medicine for a more thorough preparation. Then, as knowledge would be more in demand than a diploma, the

school offering the best facilities for instruction would be patronized to make more sure acceptance by the state board. Schools would simply teach, and the school most careful of the preliminary education and most thorough in its methods would be patronized by the best class of students. We believe this method would meet the universal approbation of the profession (not interested in cheap schools) and the public likewise. That one board in a state is ample is demonstrated by the experience in Great Britain, where heretofore they have had in all nineteen boards; but now a law is pending, which all of the colleges concur in, recommending to substitute but one board for them all; having but one gateway into the profession, but one board commissioned to grant license to practice medicine or surgery. If the British kingdom can do with one board, surely one in every state should serve us.

Though the method here proposed of securing a better education of the medical profession is doubtless open to much criticism, yet of one thing there is no doubt, viz., that there is a universal recognition in this country of the necessity of *enforcing through some authority* a suitable grade of education and qualification in the essential branches of the medical sciences of all persons who undertake the responsibilities of practice.

Doubtless the form of government of any people has much to do in shaping their institutions, medical or otherwise. The extreme "mud-sills" of democracy having been reached in government, it may be hoped that the same is true of the institutions, which may have been influenced thereby, and that a reaction may be looked for which, if guided by wisdom and moderation, may land us at that golden mean ever so eagerly sought. Our prayer is that the *coming* doctor of America may have honor in the presence of the great and learned of all nations.

DR. LEWIS ROGERS.—The April number of the American Practitioner contained a biographical sketch of the late Dr. Jas. M. Bush from the pen of this accomplished and admired physician, and it now becomes our painful duty to record his death. He died at his residence in this city, on Sunday morning, the 13th of June, in the sixty-fourth year of his age. Our readers were aware of the fact that Dr. Rogers was out of health, but his friends clung to the hope, until

within a few weeks of his death, that his disease was not of a fatal character. We have not space in this number of the Practitioner for such a notice of the life and last illness of our friend as we deem due to his memory. From proceedings which we subjoin it will be seen that provision has been made by the physicians of Louisville for a memoir of his life and character by one of his old friends. At the largest assemblage of the medical faculty of Louisville ever held on such an occasion Dr. R. C. Hewitt, on taking the chair as president of the meeting, made the following remarks:

*"Gentlemen—*The present is to me one of the saddest occasions of my life. A cherished, life-long friend has departed from among us forever. The death of Dr. Lewis Rogers, which has brought together this large assemblage, has probably filled as many hearts with sincere sorrow as any death that ever occurred in the city of Louisville. He was emphatically the beloved physician. I have known Dr. Rogers intimately and well from our academic days up to his dying hour. I have known him as a friend, as a citizen, as a medical lecturer, as a practitioner of medicine, as the head of a family, and as an invalid on his dying-bed. I have known him in his greatest prosperity and in his most crushing misfortunes; and in every capacity and position he evinced such high integrity, such well-poised manliness, such ability, dignity, and courteous demeanor as to win my unbounded admiration and love. As a friend I can not trust myself in an attempt to speak of him as my feelings would prompt. I can say only he was confiding, generous, just, and true. His numerous acts of unselfish kindness filled me with profound gratitude. During his last illness the high and noble qualities that had characterized his active life became most conspicuous. Well knowing the inevitably fatal tendency of his disease, and seeing clearly that the end could not be far distant, his eye never quailed and his courage never faltered. He knew he had filled a long life with deeds of beneficence to his fellow-men, and he had acquitted himself in a manner which ought and I believe did satisfy his own conscience. When the final hour came, with a mind clear and a trust unflinching, he passed away calmly and peacefully.

*"It will be difficult to realize, especially for the members of our profession, that we shall see the familiar face of Dr. Rogers*

no more forever; and the loss of his wise counsel will long be felt and deplored in the busy ranks of his professional brethren. But in the future history of Louisville he will hold a most conspicuous place as one of her most illustrious citizens and as one of the truest ornaments of his race."

Dr. T. S. Bell and Dr. L. P. Yandell followed in a strain of eulogy on the character of the deceased, and afterward Dr. R. O. Cowling addressed the meeting as follows:

"*Mr. President*—After the remarks of the several gentlemen who have been life-long companions of Dr. Rogers a more recent member of the profession can have perhaps but little to say; yet I feel that the younger men in medicine should be represented here. Although the measure of his years was far greater than that accorded to the most of men, it can be truly said that Dr. Rogers never lost his youth. To his latest day he entered thoroughly into the feelings of the young, and invited their confidence and affection.

"It seems to me, *Mr. President*, that we shall long look for the exact pattern of this man and this physician. Was it science that man sought? For forty years he studied the profession of his choice with the same fervor in the last year, indeed in the last few months of his life, as when he first offered himself as a candidate for its favors. Not only his wide-spread practice among the people attested the value which men set upon his skill; but more, the critical jury of his professional brethren—and there is not one of these in this community who has not sought his aid in difficulty—declared him the leader of medicine here.

"But, *Mr. President*, much as I delight to remember Dr. Rogers as the scientific practitioner, his manly qualities equally or more command respect. Was there ever such an equipoise as shown in his character? Was there ever struck so well the happy mean between dignity and familiarity? He was never cold, never distant, and yet while in his presence every one felt he could approach this true gentleman with freedom. There was always the sense of looking up to the man. He could be warm in his nature without running to the extremes of enthusiasm. He could be exact in his judgment without being harsh. He had the happiest of manners, never for a moment ill at ease, and could drive away all embarrassment from those who sought him. Patient, good-tempered, ener-



getic, systematic beyond all comparison, conscientious, full of the dignity of manhood, brimful of respect for his profession, incapable of doing a single act which would lower its dignity, where could be found a fitter character for a physician? And these qualities placed him not only among the foremost men in physic in this community, but gained him fame in American medicine.

"While I have known Dr. Rogers as long as I can remember, it was ten years ago that I first came in contact with him as a member of the profession. I had the good fortune then to hear his course of lectures—the last, in fact, he ever delivered—before the University of Louisville. Plain of speech, indulging in no rhetoric, his lectures were interesting to the last degree. There was the earnestness of truth about them, there was so much that was practical, a vein of such common-sense ran through them, that every student in the class was impressed with the fact that now was the opportunity of his life, that these were the dicta of a master.

"Mr. President, I trust you will allow me to relate an incident here which, although of a personal nature, will illustrate the manner in which this physician gained the confidence of those who sought him. Several years ago I was attending one very near to me desperately ill with inflammatory rheumatism. Cerebral symptoms set in, and I became alarmed beyond measure. In my distress I sought this great physician. I shall never forget our interview. It was a stormy night in March; the snow and the wind were driving without, while with even more unsettled feelings I sat in his office awaiting his return. He came at last; greeted me with such kindly greeting; listened so attentively to the tale I told him with heart in mouth; and then, when I expected him to give me some counsel, or to say, 'Doctor, to-morrow I will see this case,' this old gentleman, so delicately built, worn with the day's fatigues, turning from the cheerful fire, from the anticipated pleasures of the evening meal with his family, said to me, 'Come, doctor. let us go now.' And when we had driven far away through that storm, when I saw the patient, the painstaking manner with which he investigated the case before him, sifting to the uttermost every symptom, with such tenderness for pain, and withal such firmness for his patient's good, when I heard his wise decision, and when I saw afterward his unremitting care in conducting the case to a successful issue, I saw the secret of his life; I knew why he was judged among the first of physicians and of men.

"Mr. President, as man and boy I have lived in this community more than a third of a century. I have known the name of Dr. Lewis Rogers as long as I have known any thing. I have never heard it mentioned except with honor, respect, and love."

Dr. T. S. Bell, chairman of the committee appointed to draft resolutions of respect to the memory of the deceased, submitted the following paper, which was adopted by the meeting:

"The profession of medicine has rarely ever been called upon to commemorate a sadder affliction than that which has called us together to-day. The death of Dr. Rogers has fallen on us with crushing weight. In his life we have all found that nobleness of conduct which we love to think should be a blessing inherent in our profession. He was ever so true to professional virtue, so thoroughly devoted to each and all of its demands, so well equipped for its requirements, and ever so ready to meet them all, that as we contemplate our loss we feel that the calamity to the community and to ourselves is immeasurable. A forest has been swept away rather than a single tree. That exquisite portrait of the patriarch of the medical profession of New England, drawn by the master-mind that still adorns alike medical teaching and poetry, gives such vivid lineaments of our deceased professional brother that it might have been limned for him:

"Simple in youth, but not austere in age;  
Calm, but not cold, and cheerful though a sage;  
Too true to flatter and too kind to sneer,  
And only just when seemingly severe;  
So gently blending courtesy and art  
That wisdom's lips seemed borrowing friendship's heart;  
Taught by the sorrows that his age had known  
In others' trials to forget his own.  
As hour by hour his lengthened day declined,  
The sweeter radiance lingered o'er his mind.  
Cold were the lips that spoke his early praise,  
And hushed the voices of his morning days;  
Yet the same accents dwelt on every tongue,  
And love renewing kept him ever young."

"The social and professional merits of Dr. Lewis Rogers were so conspicuous that they seemed to be universally known and accepted. That ideal of professional excellence that has often

been uttered by those who knew what the plastic virtues of medical study and practice should form seems to us who knew him most intimately to have been fully realized in him. He was ever ready at the call of suffering, ever ready in his thorough devotion to all the powers for relief that his studies of all that the masters of medical science and his own immense experience had taught him were provided for such occasions. He was alike equipped in diagnosis and treatment. He was kind, gentle, and dignified in his bearing alike to patients and to his professional brethren. Nothing in his character was more beautiful and magnetic than his intercourse with the juniors of the profession, to whom he was ever ready to extend a kind and helping hand, to aid them in smoothing the rough walks in professional practice.

"The example of Dr. Lewis Rogers as a life-long student is not less instructive than his pre-eminence as a practitioner. He was ardent in his studies of every thing that could enlarge his powers as a physician. In this he never faltered or grew weary. His mind was well filled with all that the past experience of the cultivators of medical science has taught as true and useful, and with all that contemporaneous teachers present as worthy of acceptance. He was emphatically the architect of his great, useful, and prosperous career. He may have owed something of introduction to extraneous circumstances, but the firm grasp and tenacious hold were his own work.

"The position of Dr. Rogers in his profession is the most emphatic testimonial to his great merits. His immense practice during a period of nearly forty years, and the unbounded confidence reposed in him alike by his professional brethren and the recipients of his medical skill, are conspicuous evidences of the greatness of his merits. In rising to the highest walks of professional honors he proved himself equal to every emergency. He fulfilled in all the distinctions conferred upon him that excellence which Lord Thurlow announced as laudable ambition. He did not seek distinctions; they sought him. In the chairs filled by Dr. Lewis Rogers in the Medical Department of the University of Louisville he fully justified the anticipations of his friends, glowing as they were; and when he was elected president of the Kentucky Medical Society his elevation caused an almost universal approval among the members of the profession, not only among the voting members of the society, but throughout the ranks of

the medical fraternity. His performance of the duties of this high office commanded the general approbation of the physicians of Kentucky.

"The meeting of the American Medical Association, held in this city in May, 1875, found Dr. Rogers prostrated with illness. It was delightful to see the great minds of that association, delegated from all parts of the United States, gathering around the bed of the sufferer, offering their warm sympathies, and rejoicing that they were able to do that much for this great occasion. The professional virtues of Dr. Lewis Rogers had deeply endeared him to the whole profession, alike to its humblest and its most exalted members. But few beds of sickness were ever encircled with a larger amount of professional greatness and love.

"In view of the rare and diversified excellences of the character of our deceased professional brother; in full recognition of the fullness of his professional virtue, whether devoted to preventive medicine or to struggles to wrest the domain of life from the invasion of death; and of the thoroughness with which he met every demand upon his medical science and his large humanity, we feel honored in the opportunity of uttering our testimony to the unrivaled merits of Dr. Lewis Rogers. His professional life is a fruitful example of the power of the true medical worker to attain the highest success in all that adorns humanity in its noblest and most worthy phases; and we may reasonably indulge the hope that the rich fruitage of the prolific plant of that professional life may rouse the noblest incentives among us all, to cultivate each and every opportunity of our vocation for similar fruits. Though death has grasped the body of our distinguished co-worker in the broad fields of humanity, his example lives in his noble deeds, and should be cherished by every one who desires to lead a life of professional excellence.

"It is a matter of true joy to us who enjoyed the most intimate relations, social and medical, with him to know that the high, unchallenged position he held in our esteem was fully recognized and indorsed wherever he was known, and that was over the large circuit of cultivated medicine. In London, Dublin, Florence, and Paris he was recognized and accepted as a notable representative of medical science and philosophy.

"In full recognition of the potency of the claims of the late Dr. Lewis Rogers to our admiration and respect, in a full assembly

of the medical men of Louisville, let us act in a manner worthy of the occasion; therefore be it

*"Resolved,* That we cherish the most lively memories of the long-recognized virtues and pre-eminent gifts of our deceased brother in the cultivation and practice of the science of medicine.

*"Resolved,* That we recognize in him one of the noblest exemplars of the purity, the goodness, and greatness of our profession, and we point to his professional life as one worthy of the closest study and imitation.

*"Resolved,* That we tender to the family of Dr. Lewis Rogers our profoundest condolences and sympathies in the great bereavement that has fallen upon them.

*"Resolved,* That we shall attend the funeral of our deceased brother, and join with the rest of the city of Louisville in giving fitting tributes to his great career as a physician.

*"Resolved,* That Prof. L. P. Yandell be requested to prepare a biographical memoir of Prof. Lewis Rogers.

*"Resolved,* That these proceedings be published in the city papers, and that the conductors of medical journals throughout the country be requested to publish them in their respective journals.

At a meeting of the Medical Faculty of the University of Louisville a committee, consisting of Dr. D. W. Yandell, Dr. J. W. Holland, and Dr. L. P. Yandell, jr., was appointed to draft resolutions of respect to the memory of Dr. Lewis Rogers, whose death had been announced by the dean. The committee submitted the following, which were unanimously adopted:

*"Whereas,* God in his all-wise providence has been pleased to remove from the scene of his earthly labors our revered and honored professional brother, Dr. Lewis Rogers, a man equally distinguished for his medical learning and skill and his social virtues, and long an esteemed member of this faculty; and since it is becoming and proper that we, who have known the deceased so long and under circumstances so favorable to a just appreciation of his moral and intellectual worth, should give some expression to the sentiments of respect which we cherish for the memory of our departed colleague, preceptor, and friend; therefore

*"Resolved,* That in the death of Dr. Lewis Rogers the medical profession and the community of Louisville have lost one of their leading members and brightest ornaments, a citizen universally esteemed, and a physician admired at home and abroad for his sound practical wisdom and his thorough professional attainments.

*"Resolved,* That Dr. Rogers, in his entire and exclusive devotion to his profession, and his diligence in the discharge of its duties during a long life-time, to the last keeping pace with it in its steady advancement, and in his scrupulous observance of every professional courtesy to his patients and his medical brethren, has left behind him an example of dignity, fidelity, and success which may well be held up to the profession every where as worthy of imitation.

*"Resolved,* That we deeply sympathize with the family of Dr. Rogers in a loss which to them may be truly styled irreparable.

*"Resolved,* That these resolutions be spread upon the records of the faculty, and that a copy be forwarded by the dean to the family of the deceased and to the daily press of Louisville."

Similar resolutions were adopted by the College of Physicians and Surgeons of Louisville and by the Louisville Academy of Medicine, of both of which societies Dr. Rogers was an honored member. As a practitioner of medicine Dr. Rogers had long stood at the head of his profession in Louisville, and as a teacher and writer his fame was co-extensive with his country.